

**REQUEST FOR COMPENSATION  
FOR CLASS COVERAGE**

**This section to be completed by the teacher requesting compensation (upon completion please return the form to your Principal).**

Teacher requesting compensation (Requestor): \_\_\_\_\_

Date of coverage: \_\_\_\_\_

Time of coverage: \_\_\_\_\_

Is this your preparation-service period? ☐ Yes ☐ No

Name of person who was covered: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*

**This section to be completed by the Principal:**

Was this coverage done during the Requestor's preparation-service period? ☐ Yes ☐ No

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Office use only:** ☐ APPROVED for payment \_\_\_\_\_ @ \$30.00 = \$ \_\_\_\_\_

☐ DENIED Reason: \_\_\_\_\_

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_